

Case Number:	CM14-0025456		
Date Assigned:	06/11/2014	Date of Injury:	09/13/2011
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female who reported an injury on 09/13/2011 while picking strawberries. The injured worker had a history of constant neck, shoulder and back pain with a diagnosis of displacement of the cervical and lumbar intervertebral disc without myelopathy, degeneration of cervical intervertebral disc. The injured worker rates her neck and back pain using the VAS scale as a 5/10 with medication and 8/10 with prescribed medication. The injured worker's medications include Cyclobenzaprine 10mg tablets twice a day, Lidoderm 5 percent patch 1 a day as needed, Terocin 4 percent patch apply 1 every day, Ultracet 37.5mg take 1-2 tablet every 8 hours as needed for pain. The physical examination reveals range of motion to the cervical spine is with in normal range except extension which is limited 5 degrees, deep tendon reflexes are 2 plus to the upper extremities and a 2 plus to the lower extremities. . The treatment plan includes increasing the Ultracet 37.5mg 1 four times a day for pain, and continue the home exercise program. The authorization form dated 06/11/2014 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LIDODERM 5% ADHESIVE PATCH #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine
Page(s): 112.

Decision rationale: The request for Lidocaine 5 percent adhesive patch with 2 refills is not medically necessary. The California MTUS indicate that Lidocaine is used for localized peripheral pain after there has been evidence of first-line therapy. The California MTUS also indicates for the use of postherpetic neuralgia. The documentation provided did not support the California MTUS guidelines which indicate that Lidocaine is used for peripheral pain. The injured worker had no documentation of peripheral pain or postherpetic neuralgis. In addition, the request does not include a frequency. As such the request for Lidoderm 5 percent adhesive patch #30 with 2 refills is not medically necessary.